



JULY 16, 2019

Version 3.8.6

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) PROGRAM: LOCAL HEALTH DEPARTMENT (LHD) WORK PLAN GUIDANCE DOCUMENT

2019-2020: BUDGET PERIOD 1

PREPAREDNESS PROGRAM

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT, BUREAU OF COMMUNITY HEALTH SYSTEMS,
PREPAREDNESS PROGRAM

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“This publication was supported by the Grant or Cooperative Agreement Number, NU90TP922049, funded by the *Centers for Disease Control and Prevention*. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the *Centers for Disease Control and Prevention* or the *Department of Health and Human Services*.”

Revision history

04/19/2019- Creation of initial, v.1 guidance format and generalize layout
04/24/2019- v1.5 created with adjustments to visual layout
06/14/2019- v. 2 created with addition of PHEP work plan activity narratives
06/24/2019- Continued development of v 3 with changes to the Glossary and Resource sections
06/28/2019- Continued development of v 3.4 with adjustments to some Output related information
07/02/2019- Sequential creation of v. 3.5, 3.7, and 3.8.1 after addition of revised budgetary information, exercise information, and training information.
07/03/2019- First internal review of v 3.8.1 by author, addition of revision history
07/03/2019- Adjustments to v 3.8.1- Exercise and Resources. Now v. 3.8.2
07/08/2019- First draft review of v 3.8.2 by Administrative Section
07/09/2019- Draft corrections made to create v3.8.3
07/09/2019- v3.8.3 provided of review by the PIO
07/09/2019 – PIO finalized v3.8.3; ready for publication
07/11/2019- Revisions based on findings from the 07/10/2019 Regional PHEP Coordinator meeting
07/16/2019- Final revisions made, ready for publication
09/25/2019- Addition of second paragraph under Activity 10, Justification section; now v. 3.8.6; ready for re-publication

Kansas Department of Health and Environment
Bureau of Community Health Systems, Preparedness Program
2019-2020

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1. Executive Summary

This guidance document is designed to serve as an implementation guide for the work plan and activity completion requirements for Budget Period 1 for the period of 2019-2020. Under the administrative authority of the *Centers for Disease Control and Prevention (CDC)*, this budget period marks the start of a new project period. This budget period also signals the first year the HPP and PHEP programs are separated fiscally but remain aligned programmatically. New reporting requirements for the PHEP cooperative agreement are not expected to impact the local public health departments during this budget period despite the number of work plan activities presented.

This year's PHEP work plan has a total of nineteen activities. In previous years, several of these activities could be found in the annual or "housekeeping" activities. Many of those activities have been moved from the housekeeping section to their own work plan activities due to changes in reporting requirements. Kansas PHEP will continue to focus on developing community partnerships, expanding networking and continuing to develop support framework within their communities. KDHE will continue to make diligent efforts to help assure that work plan items for local public health departments are within the cooperative agreement requirements and aligned with local public health department activities and emergency management practices. KDHE Preparedness will also review new reporting processes and procedures to reduce the reporting work load on the PHEP administrators.

1.1 General Sub-Awardee Information

The following information is provided to all Preparedness Program participants. Please reference this information as needed:

1. When submitting any documentation, ensure the agency name and a point of contact are included within the body of the email so proper credit is awarded. If submitting information for more than one agency in a single email submission, provide the information noted above for each entity and identify document attachments of which entity they are for.
2. Due dates are set as outlined in the work plans and will not be extended. The established due dates allow the maximum time needed to complete the activity by the sub-awardee and allow KDHE Preparedness Program staff ample time to review and request revisions if necessary.
3. Work plan items completed prior to the designated due dates may be submitted to the KDHE.Preparedness@ks.gov email address. In the email header, please note the work plan item number and task being submitted or indicate specifics in the email. All submitted documents must be dated.
4. The following statement must appear on **ALL** publications that are created or generated by or in relation to this cooperative agreement. This requirement applies to the following: documents, educational materials, deliverables and related supporting information. This also includes within the body of any courses created using preparedness funding. Sign-in sheets are excluded from this requirement. This statement is as follows:

"This publication was supported by the Grant or Cooperative Agreement Number, NU90TP922049, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services."

The reasoning behind this statement is two-fold. The first is the acknowledgement of Federal support:

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipient of Federal research grants, shall clearly state:

- Percentage of the total costs of the program or project which will be financed with Federal money;
- Dollar amount of Federal funds for the project of program; and
- Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

The second reason is as a disclaimer for conferences and/or meetings, seminar materials, and/or publications:

If a conference, meeting and/or seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract, the recipient must include the following statement on materials, including promotional materials, agenda, and internet sites:

“Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”

1.2 Sub-Awardee Submission Requirements

Financial Status Reports (FSRs) and Work Plan Progress Reports are due:

- **Quarter 1** (July 1, 2019 – September 30, 2019) – due October 15, 2019,
- **Quarter 2** (October 1, 2019 – December 31, 2019) – due January 15, 2020,
- **Quarter 3** (January 1, 2020 – March 31, 2020) – due April 15, 2020,
- **Quarter 4** (April 1, 2020 – June 30, 2020) – due July 15, 2020.

Note: If the quarterly due date falls on a State of Kansas observed holiday or a weekend (i.e., Saturday or Sunday) the due date will then become the next business day immediately following.

1.3 Financial Status Reports (FSRs) – Reimbursement Requests

Sub-awardees will be required to submit their FSRs in the *Kansas Grant Management System* (KGMS) on or before their respective due dates. *Affidavits of Expenditure* (AOEs) remitted to the KDHE.Preparednes@ks.gov will be returned unapproved and requesting entry as an FSR in KGMS. Please refer to the KGMS User Guides for instruction on how to maneuver through the KGMS System. The KGMS User Guides can be found on the Help button in KGMS. KGMS can be accessed at the following link and requires a User ID and Password in order to access the system:

<https://khap2.kdhe.state.ks.us/KGMS/Default.aspx?to=0>

If assistance is needed in KGMS, please submit an email to KDHE.ATL@ks.gov. For KGMS technical difficulties, submit an email to Karen Kelley at Karen.Kelley@ks.gov.

Supporting documentation should be included for each item submitted on the FSR (i.e., receipts, invoices, purchase orders, etc.). This documentation should be uploaded into KGMS. (See section 1.3.1 – Instructions Specific to Submission of the Financial Supporting Documentation below for some helpful tips and instructions.) Expenses listed in the FSR must either be a budgeted item or have prior approval from the KDHE Preparedness Program.

Once the FSR has been entered and the supporting documentation uploaded in KGMS, KDHE will begin a review. To facilitate a swift review, you should send an email to KDHE.Preparedness@ks.gov indicating that the FSR and supporting documentation have been remitted.

Preparedness Program staff will review the FSRs to ensure items and or services remitted on the FSR is allowable using Public Health Emergency Preparedness (PHEP) funds. KDHE Fiscal Management will review and verify funding is being utilized as allocated. Payments will be made after Preparedness Program staff verify the quarterly work plan progress report and deliverables have been submitted to KDHE.Preparedness@ks.gov. Payments will be made by either electronic funds transfer (EFT) or a paper check (via mail) once all progress reports and deliverables have been approved.

A FSR is required quarterly even if there are no items and/or services for which reimbursement is requested. In this situation a zeroed out FSR should be remitted. If you fail to remit a quarterly FSR in KGMS, the following quarter FSR will not be generated within the system. For example, if a Quarter 1 FSR is remitted and no Quarter 2 FSR is remitted, KGMS will continue to generate a Quarter 2 FSR; no Quarter 3 FSR will be generated until the Quarter 2 FSR has been approved by KDHE. FSRs must be remitted in chronological order in KGMS. If funding has been exhausted before the fourth reporting quarter, sub-awardees must still submit FSRs each reporting period even if the fields are zero. The expenditures reported on the FSRs need to total to the final allocated award amount by the end of the fourth quarter. All expenditures must be incurred within the budget period and by no later than **June 30, 2020** of the budget period.

- **Example 1. Spending award balance:** Total award amount is \$10,000.00. Quarter 1 FSR expenditure is \$2,500.00; Quarter 2 FSR expenditure is \$2,500.00; Quarter 3 FSR expenditure is \$3,000.00; and Quarter 4 FSR expenditure is \$2,000.00. This totals the award amount, which will zero the award amount balance.
- **Example 2. Underspensing award:** Total award amount is \$10,000.00. Quarter 1 FSR expenditure is \$2,500.00; Quarter 2 FSR expenditure is \$2,000.00; Quarter 3 FSR expenditure is \$2,000.00; and Quarter 4 FSR expenditure is \$2,000.00. This does not total the award amount. If the local health department received more funding than expenditures, the local health department will be required to return the difference.
- **Example 3. Overspensing award:** Total award amount is \$10,000.00. Quarter 1 FSR expenditure is \$2,500.00; Quarter 2 FSR expenditure is \$5,000.00; Quarter 3 FSR expenditure is \$1,500.00; and Quarter 4 FSR expenditure is \$2,000.00. This exceeds the total award amount, and KDHE Preparedness Program will only make payment up to the award amount. Therefore, in this situation the \$1,000.00 overage will not be reimbursed, even if the expenditure is an approved PHEP-funded item.

The KDHE Preparedness Program wants sub-awardees to spend the total award amount on approved PHEP funded services and/or items.

1.3.1 Instructions Specific to Submission of the Financial Supporting Documentation

For the financial supporting documentation, please do the following:

1. Please ensure that all expenditures for the quarter are listed correctly on the FSR.

2. Please ensure that the proper abbreviations are used that clearly indicate what is being paid by PHEP. Do not utilize codes (i.e., 12345, EM501, etc.), as this requires Preparedness Program staff to figure out what the codes mean and therefore slows down the approval process.
3. If the entire amount shown on the documentation is being paid by PHEP funds, please indicate this on the receipt, invoice, purchase order, etc. Otherwise indicate the amount to be paid by PHEP and each other payer.
 - **Example:** The invoice is for Internet Services and the total bill is \$600.00, but PHEP is only paying a portion. Indicate on the invoice how much each funding source will be paying (e.g. - \$300.00 = PHEP, \$200.00 = MCH, and \$100.00 = Immunization).
4. Please ensure that each of the FSR expenditures and accompanying receipts, invoices, purchase orders, etc. add up correctly.
 - **Example:** The FSR indicates a total of \$500.00 spent on office supplies. Accompanying receipts, invoices, purchase orders, etc. need to total to \$500.00.
5. **DO NOT** submit supporting documentation that is not listed on the quarterly FSR being remitted.

1.4 Budgetary Information

The local public health departments will receive notification from KGMS when to submit an application and preliminary budget. This normally occurs in January or February of each year. The local public health departments will receive a final allocation award amount and will be required to update their budgets in KGMS within 30 days after the notification of the allocation of the final award amount.

All changes to the approved FY2020 budget ***must be approved*** by KDHE Preparedness Program staff ***before*** the expenditure can be made. To approve a change, KDHE Preparedness Program will need the following information:

1. A description of the expense;
2. The amount of the expenditure and what percentage of change was made to the total budget;
3. The justification for the expenditure (must be tied to a capability or multiple capabilities and a work plan activity or multiple work plan activities); and
4. Projected date of the expenditure (trainings and equipment).

Budgetary ***changes of 25% or greater***, or the addition of any new activity to a sub-awardee budget, will require the submission of a complete revised budget. This requirement includes trainings, equipment purchasing, and activities associated with the contracted work plan. Please contact KDHE Preparedness for complete instructions for re-submitting a new budget.

Example 1: The sub-awardee wants to employ a contractor to assist with unforeseen services. The current submitted budget did not include any contracted services.

- **Submit a revised budget** - The sub-awardee would need to submit a revised budget because the activity was not in the original budget.

Example 2: The budget included training for three (3) staff members. The location for the training was changed, and the sub-awardee now needs four (4) staff members to attend instead of three (3).

- **No need to submit a revised budget** - The sub-awardee does not need to submit a revised budget because the activity was included in the original budget.

If the accumulative change to the budget remains **under 25%**, a budget revision is not required. Please submit the **Supporting Budget Form** for any changes to the budget. Any changes to budgets **must be** submitted to KDHE.Preparedness@ks.gov as soon as the change is known, but not less than two (2) weeks in advance. Note that some authorizations may take longer to obtain.

All work plan progress reports and all reporting deliverables are to be submitted via email to KDHE.Preparedness@ks.gov. All PHEP resources and resource documents can be located on the KDHE Preparedness Program website at: http://www.kdheks.gov/cphp/lhd_resources.htm.

Below is a list of allowable and unallowable expenses. Please refer to this list to determine if the item you wish to purchase is an allowable or unallowable expense. If the item is not on this list, please submit an email to KDHE.Preparedness@ks.gov.

PHEP Allowable and Unallowable Expenses

Allowable

1. Recipients may use funds only for reasonable program purposes, including:
 - a. Personnel
 - b. Travel
 - i. Conference registrations need to be included in the “*Other*” category. All other conference travel expenses need to be placed in the “*Travel*” category.
 - c. Supplies
 - d. Services
2. Purchase caches of antiviral drugs to help ensure rapid distribution of medical countermeasures.
3. PHEP awardees can (*with prior approval*) use funds to purchase industrial or warehouse-use equipment.
 - a. Vehicles must be of a type not licensed to travel on public roads.

Unallowable

1. None of the funds awarded to these programs may be used to pay the salary of an individual at a rate more than Executive Level II or \$189,600 per year.
2. Recipients cannot use funds for the following:
 - a. Fundraising activities or lobbying.
 - b. Funds for research.
 - c. Funds for construction or major renovations.
 - d. Funds for clinical care.
 - e. Funds for reimbursement of pre-award costs.
 - f. Funds for response activities.
3. Recipients may supplement, but not supplant, existing state or federal funds for activities described in the budget.
4. The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
5. Payment or reimbursement of backfilling cost for staff, including healthcare personnel for exercises, is not allowed.
6. PHEP awardees cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.

7. Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
8. Local health departments cannot use PHEP funds to send individuals to or support conference travel (including registrations) for persons not employed by their local health department.

1.5 Sub-Awardee Meals, Travel, and Lodging Information

Preparedness funds may be utilized to support travel for sub-awardee work plan related activities. To assure consistency, KDHE will provide reimbursement for hotels and per diem for overnight travel consistent with applicable GSA rates for the destination. Maximum lodging and per diem rates can be located at <https://www.gsa.gov>. All travel, departure and arrival times will be required for per diem calculation. Mileage will be reimbursed at the current rate of 58 cents per mile. All travel must be associated with a work plan activity approved by the KDHE Preparedness Program prior to the travel dates.

Single day meal allowance, based on State rules, must meet the following criteria:

1. The travel is supported by an associated work plan activity and the individual's work day is extended for three (3) hours or more beyond the normal work day.
2. A distance greater than 50 miles will trigger the need for an overnight stay.
3. The destination of travel must be 30 or more miles away from the individual's work station.
4. Mileage will be reimbursed at the current mileage rates.

Reimbursement % of daily per diem		
Breakfast	12:00 am to 11:00 am	15%
Lunch	11:01 am to 4:00 pm	35%
Dinner	4:01 pm to 11:59 pm	50%

Table 1

Hotel rates and travel rates can be referenced at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. In all cases, hotel pricing should be completed using this GSA resource first. If a hotel local to the location of travel destination is not available at the GSA rate, the maximum lodging allowed for the traveler is reimbursed for single occupancy only and must be pre-approved by KDHE Preparedness.

If pre-approval is not obtained, reimbursement will only be made at the GSA rate, if the travel is an approved PHEP reimbursement. There is no allowance for tips included within this rate. Taxes associated with lodging shall be reimbursed in addition to the established lodging expense limitation:

Standard Lodging Rates after GSA	
Standard Daily Lodging Rate	By location
Conference Lodging qualified under K.A.R. 1-16-18a*	Actual

*Actual conference lodging may be paid without limit if approved by KDHE in advance of the need.

Table 2

**Actual conference lodging may be paid without limit if approved by KDHE in advance of the need. Non-refundable and/or non-transferrable cancellations will not be reimbursed. Therefore, it is encouraged to assure that charges will not be accrued in the event of a cancellation, that the cancellation is performed in time to avoid charges or have a back-up individual to fill the place of the cancelling individual.*

1.6 Training

KDHE recently updated the design and layout of the *Multi-Year Training and Exercise Plan* (MYTEP) based on the new cooperative agreement and the need to better communicate all training and exercises conducted utilizing both HPP and PHEP award resources. In the future, KDHE will need to include region level training plans in the MYTEP. It is important that training is tracked so that knowledge gaps statewide can be assessed. Tracking should include formal and informal training. The goal is to capture training and knowledge gaps that are addressed. Training should always be aligned to capabilities so KDHE can identify strengths and areas of needed improvement statewide to design future trainings and exercises.

To better track trainings that are conducted by the local public health departments, PHEP and CRI Regional level, *Kansas Online Learning Management System, Kansas Trainingfinder Realtime Integrated Network* (**KS-TRAIN**) should be utilized. KS-TRAIN is the primary registration platform for all trainings and exercises financed with Preparedness funds.

For the purposes of this cooperative agreement, “*training*” or “*trainings*” will be defined as follows:

*“[sic] an organized activity aimed at imparting information and/or instructions to improve the recipient’s performance or to help him or her to attain a required level of knowledge or skill.” ***

Please note that KDEM courses need to be approved through KDEM. The normal expenditure approval process will still need to be followed if Preparedness monies are utilized.

1.6.1 Reporting- Formal Training and Informative Presentations Intended to Train

Course information should be provided to KDHE.Preparedness@ks.gov via the normal reporting process.

The following information needs to be included when reporting:

1. Attendee sign-in sheets – should be separate from meeting sign-in sheets and include attendee’s role and organization.
2. Course information- title, description, capabilities addressed, and type of personnel to be trained.
3. Finalized expenditure report and outcomes of training (course specific).

1.7 Exercise Reporting Requirements

All exercises can be submitted, regardless of exercise type. *Homeland Security Exercise Evaluation Program* (**HSEEP**) standard formatting must be used and will need to correctly exercise the appropriate capabilities that have been identified for this budget period to receive credit.

Compliance requirements:

1. All exercises, regardless of type, need to be conducted by **May 31, 2020**.
2. All exercises must include accommodations for at-risk populations. Please list the populations included. Feel free to provide more information on how you accommodated the population(s).
3. Information provided on AAR/IP must reflect PHEP capabilities and contain objectives that clearly test the capabilities.

4. All exercises are to be reviewed by the Regional PHEP Coordinator prior to submission to KDHE Preparedness. LHD must submit the AAR/IP to the coordinator within **60 days** of the exercise to allow time to review and make corrections if needed.
5. All exercise AAR/IPs and related appendices need to be submitted to KDHE Preparedness by the local health department within **90 days** of completion, but no later than **June 1, 2020**. This is to ensure that time is given to conduct a final review and remit back to the public health department if there are corrections or clarifications that need to be addressed.
6. **Statewide exercise**: This exercise can be used to meet the **Work Plan #12 requirement**: Participate in at least one **annual** exercise at the local- or regional-level. KDHE will prep an AAR for distribution. All public health departments will complete the distributed AAR and complete the Improvement Plan exclusive to their department's gaps and corrective steps needed. All public health departments will have **15 business days** after the date of the exercise to submit their AAR/IP and any other related documentation to KDHE Preparedness.

1.8 Compliance Statement

With only some minor modifications from the previous budget period, the KDHE Preparedness Program's monitoring program, the **Kansas Preparedness Cooperative Agreement Compliance Program (KSPCACCP)**, is the current compliance monitoring process being used by KDHE Preparedness. This process is now referred to as the **Compliance in Real Time** model, a proactive process that is a modified carry-over from the final budget period of the previous project period.

Changes to be implemented during this budget period were tested last budget period in a limited capacity. KDHE Preparedness Compliance will review all submitted work plan documentation, benchmark deliverables, and additional supporting documentation to gauge programmatic compliance and activity completion progress. However, only 25% of the reviewed agencies will receive notification of being audited every quarter. The Compliance Coordinator will notify the administrators of the audited local public health departments of any findings discovered during these reviews, outlining the nature of the finding, explaining what action is needed to correct the finding, and the date the action needs to be completed and then validated by KDHE Preparedness Compliance. Administrators will also be notified if no findings were discovered during their audit.

Additionally, to help streamline some of the reporting requirement, KDHE Preparedness Compliance will permit Statements of Attestment from the local health department administrators for certain work plan activities. An approved template will be provided to the local public health department administrators.

KDHE Preparedness has been advised by the CDC that it is important that all work plan activities, regardless of their type, need to be completed on or before the assigned deadlines. It is imperative that any challenges or obstacles that will impede completion of these work plan activities, projected or otherwise, need to be addressed with KDHE Preparedness as soon as possible - staff cannot address a challenge if they are unaware there is a challenge in the first place. KDHE Preparedness will work with the local public health departments to find viable solutions to those challenges. Please do not hesitate to contact KDHE Preparedness at KDHE.Preparedness@ks.gov.

1.9 HCC Contact Information

The following Health Care Coalition (HCC) Coordinators represent the seven HCCs within the state:

Kansas City Metro Healthcare Coalition	Danielle Marten	danielle.marten@hotmail.com
North Central Healthcare Coalition	Tami Wood	hpconsultants7@gmail.com
Northeast Healthcare Coalition	Danielle Marten	danielle.marten@hotmail.com
Northwest Healthcare Coalition	Tami Wood	hpconsultants7@gmail.com
South Central Healthcare Coalition	Danielle Marten	danielle.marten@hotmail.com
Southeast Healthcare Coalition	Fred Rinne	sekhcc@twinmounds.com
South West Kansas Health Care Coalition (SHERT)	Fred Rinne	sekhcc@twinmounds.com

Table 3

1.10 Regional PHEP Contact Information

The following Regional PHEP Coordinators represent the fifteen public health regions within the state:

Central Kansas Region	VACANT	
East Central Kansas Public Health Coalition	Carl Lee	clee@coffeycountyks.org
Kansas City Area Coalition 15	Stephen Maheux, MPH	stephen.maheux@jocogov.org
Kansas South-Central Metro	Thomas Langer	tlanger@cowleycounty.org
Lower 8 of Southeast Kansas	Lee Miller	ltkamiller@gmail.com
North Central Kansas Public Health Initiative	Lacey Miller	burks809@gmail.com
North West Bioterrorism Region	Karla Heble, BSN, RN Michelle Billips, RN Emily Strange, RN	karlah@rawlinscounty.org mbillips@grahamcountyhealth.com estrange@thomascountyks.org
Northeast Corner Regional Initiative	Ester Todd (interim)	ester.todd@sncu.us
South Central Coalition	Virginia Downing	coats1960@gmail.com
Southeast Kansas Multi-county (SEKMC)	Rebecca Johnson, RN (interim)	becky@sekmchd.com
Southwest Kansas Health Initiative	Richard Everett	richard@swkhi.org
Southwest Surveillance	Virginia Downing	coats1960@gmail.com
West Central Public Health Initiative	Cindy Mullen	cmullen@wcphi.onmicrosoft.com
Western Pyramid Public Health Region	Richard Everett	richard@swkhi.org
Wildcat Region	Andrew Adams	aadams@rileycountyks.gov

Table 4

1.11 Budget Period Insights

This year marks the first budget period of a new project period. The CDC has released several resources that outline the new direction the PHEP Program is taking over the next 5 years. These resources include the new FOA, a revised version of the PHEP Performance Measures, and a few supporting documents that will further explain how the various work plan activities contribute towards a local public health department's preparedness progress. The Public Local Health Departments will ensure the continued involvement within their jurisdictions and with the healthcare coalitions and their work plan activities.

While the PHEP Program and the HPP portions of the cooperative agreement have separate application processes, the two programs remain actively aligned to each other. In the instances where the health departments are required to collaborate with their local HCC, the Regional PHEP Coordinators will be tasked with assisting them and the HCC Response and Readiness Coordinator (CRRC) in completing these activities.

This guidance document is specific for Administrators of the Public Local Health Departments and outlines KDHE Preparedness expectations for the budget period. A listing of resources can be found at the end of this document, and more guidance will be made available as it becomes available from the CDC.

1.12 Carry-over Activities

At this time, there will be no carry over activities stemming from the previous budget period and project period. However, the Regional PHEP Coordinators may be called upon to assist with the collection of related additional information that supports the work plan activities of the previous budget period. This information will be used to develop the responses for the *Annual Progress Report (APR)*, the *End of the Budget Period Report*, the *End of the Project Period Report*, and the *Capability Progress Guides (CPGs)* for PHEP. These reports, as well as several tie-in reports (programmatic and fiscal), are used by the federal partners of KDHE Preparedness to assess the state's overall PHEP preparedness progress. The more information the creators of these reports have, the easier it will be to provide that level of support on the state's progress.

2. PHEP Work Plan Guidance

The work plan for this budget period contains familiar and new activities to complete. The state PHEP program goals for the next project period are for the public health system to develop strategies and activities to improve and then expand readiness at the local, state, and national levels. This will lead to a reduction of the impact of identified threats to public health and safety during emergency situations. There is also the underlying emphasis of working to improve to exceed the day-to-day capacity and capabilities of the public health response systems in Kansas. This development process will include a new three phase model, which can be found in detail in the new FOA, *2019-20 Public Health Emergency Preparedness (PHEP) Cooperative Agreement (CDC-RFA-TP19-1901)*. Additionally, further resources are available in *Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*, October 2018. Coupled with this guidance document, these sources will assist the administrator with the execution of the contracted work plan. More supplemental information may become available during the first quarter of the first budget period. (Please refer to the *Reference appendix* for details).

2.1 Work Plan Overview

Activity 1

A local health department representative will attend in person, via conference call, or webinar healthcare coalition meetings at least quarterly. Designees are permitted provided they are a staff member of a local public health department. In the event a Designee is assigned, the Designee is required to attend the HCC Meeting in person or virtually. Participation will be validated through coalition meeting sign-in sheets provided to KDHE by the Healthcare Coalition Readiness and Response Coordinators.

Justification

The purpose of this activity remains the same from previous years: inclusion of the local public health departments with the Health Care Coalitions. This activity also supports the FOA requirements in that the local public health departments are one of the four core members of a coalition that must attend the quarterly meetings, either in person, electronically, or by proxy. The representative can attend either in person or virtually (conference call, Zoom, GoToWebinar, etc.) if the readiness and response coordinator can account for that representative's presence and participation. Designees or proxies assigned by each of the local health departments can either attend in person or virtually. Any staff member can be chosen to be a designee or proxy.

Output

1. Validation of the attendance of at least one Health Care Coalition meeting per quarter. Validation to occur via reviews of the coalition attendance confirmation process.
2. Validation of local health department participation in coalition planning and projects where appropriate.

Compliance requirements

1. Per the instructions presented in the activity, a health department representative must attend a coalition meeting once quarterly.
2. The local health department administrator ***must provide*** a copy of a ***Designee Letter*** or a ***Proxy Letter*** to both the Health Care Coalition Readiness and Response Coordinator (CRRC) and to KDHE Preparedness ***prior*** to the first coalition meeting. In the past, KDHE Preparedness has allowed letters to be added retroactively. This action will not be permitted during this budget period unless the administrator notifies KDHE Preparedness in advance that a non-designee or proxy will be attending a coalition meeting. This does not apply if the administrator is attending these meetings.
3. Compliance will rely on the Coalition \ Readiness and Response Coordinator to provide the sign-in sheets from these meetings. Local public health departments should maintain a copy of these documents.
4. Compliance and the State HCC Manager will review the coalition meeting minutes to validate local health department inclusion and participation in coalition activities, especially in the joint activities.

Activity 2

*A local health department representative will participate in a local ESF 8 or LEPC planning meetings at **least once** per year to work with health and medical partners in order to strengthen community preparedness and response activities. The local ESF or LEPC essentially serves as an advisory committee to the local health department of governmental and nongovernmental partners to integrate preparedness efforts across jurisdictions and to leverage funding streams.*

Justification

The activity is designed to give the opportunity for the local public health departments to engage other agencies and partners within the county on their preparedness plans and processes. This will ensure all parties are aligned with how the emergency manager, local law enforcement, etc. will respond in the event of an incident. This will also emphasize the need for all county agencies to be aligned with preparedness plans and county level response practices and procedures. While the requirements for this activity involve attending only

one LEPC or ESF-8 meeting sometime during the budget period, KDHE Preparedness encourages each department to attend as many of these meeting as they can and to report those additional meeting to KDHE Preparedness so that they can be properly recorded.

Output

1. The validation of attending one (1) LEPC or ESF-8 meeting during the current budget period.

Compliance requirements

1. It is preferred that the administrator provide a sign-in listing if possible, though KDHE Preparedness understands that LEPC and ESF-8 meeting hosts do not have to place their meetings on KS-TRAIN or maintain a sign-in listing.
2. If a sign-in sheet is available, the administrator will need to provide it with the quarterly reporting. Meeting minutes or invitation/event emails will also serve to validate attendance.

Activity 3

The local public health department may send staff to attend preparedness related conference and trainings to increase knowledge, skills, and abilities to develop and maintain plans, conduct training and exercises, and respond to public health threats and emergencies using a whole-community approach to preparedness management (examples include, but are not limited to: the 2020 Preparedness Summit, Four Corners Emergency Management, Kansas Public Health Association).

Justification

The general purpose surrounding this activity is to officially provide support to the local health department administrators in expanding learning and networking opportunities amongst their peers. As KDHE Preparedness is required to have all training and event information as part of the budget submission, the information regarding these conferences and training opportunities needs to be provided to KDHE annually so the budget can be finalized. Please note that this only applies to major conferences and training sessions and not local or regional trainings that are conducted during the budget period normally.

Output

1. Prior notification of the need for staff members to attend various preparedness-related conferences, meetings, and trainings throughout the budget period.
2. That the PHEP local health departments understand the request process for these types of training and network opportunities.
3. The staff members who attended (or the department collectively) will be required to share what they learned during the course of the conference or training event.

Compliance requirements

1. Prior to attending a conference or training event, the following prerequisites are needed for final approval by KDHE Preparedness, based on PHEP requirements:
 - a. Title of the conference or training event.
 - b. Description of the conference or training event.
 - c. PHEP capabilities addressed.

- d. Names and title of staff attendees.
 - e. County health department name.
 - f. How does attending this conference or training event impact each attendee?
2. Attending members from the department will be required to provide to KDHE Preparedness how the knowledge gained will be applied to the department's own preparedness efforts. This documentation can be submitted collectively if more than one member of the department attended the event.
 - a. The event documentation will be due to KDHE Preparedness for review within *fifteen (15) days* of returning from the conference or training event.
 - i. What information was learned?
 - ii. How is this information being applied at the local level?
 - iii. How is this information shared within the agency or across the region?

Activity 4

*Local public health departments will assure designated staff complete **ICS 100, 200, 300, 400, 700 and 800 classes** per ICS training requirements to ensure personnel with necessary skills to fulfill required incident command and public health incident management roles.*

Justification

This activity represents the ongoing effort to bring all preparedness elements into alignment with NIMS and ICS. Any new staff members will need to complete the training required by their assigned ICS position (if they have one). Due to changes being made to the higher level NIMS courses, local public health department management staff, as identified by the local public health department, are recommended to take the following FEMA independent study courses to provide additional competence in incident management activities, skills, and abilities.

1. **IS-100:** An Introduction to the Incident Command System (ICS)
2. **IS-200:** Basic ICS
3. **IS-700:** An Introduction to the National Incident Management System (NIMS)

Unless otherwise recommended by the county emergency management department or agency, local public health department staff are not recommended to complete the ICS-300 or ICS-400 courses as previously recommended. This revision of course selection is based on updates to the IS-100 and IS-200 course materials and continued "right-sizing" of ICS training for department staff to promote competency and reduce excessive training for anticipated incident roles.

Finally, KDHE Preparedness will request that administrators validate that their staff is current on their ICS trainings by signing and submitting a *Statement of Attestment* to KDHE Preparedness. Compliance will provide a blank version of the statement to all PHEP local health departments before September 2019.

Output

1. Validation of completed course that the administrator is managing at the department.

Compliance requirements

1. The administrators will need to ensure that their staff have completed the ICS courses specific to their assigned ICS position.

2. The administrators will need to return the signed *Statement of Attestment* to KDHE Preparedness once they have confirmed that status. Please note that the letter also indicates that these documents must be maintained on site and can still be requested by either KDHE Preparedness or the PHEP Federal Project Office (FPO) to confirm the attestment statement. The deadline of this work plan activity is no later than **June 30, 2020**.

Activity 5

*Local public health department staff registered on the KS-HAN will at least annually update their contact information. Local public health departments will review registrant lists to add to and remove appropriate members from their organization to ensure that they have access to one of the tools utilized by the public health system partners to coordinate information sharing among all public health, health care, and necessary partners and stakeholders. Local public health departments will email any requested changes to KS-HAN for implementation to KDHE.KSHANADMIN@ks.gov. Users are expected to update their own user profiles. Local public health departments will maintain health department personnel contact information in the **Kansas Health Alert Network (KS-HAN)** to ensure the ability of the local health department in receiving situational awareness information.*

Justification

This activity was moved from the annual requirements. CDC has placed more emphasis on communications and information sharing for the last two years. That trend continues during this and future budget periods.

Output

1. Updates to the **Kansas Health Alert Network (KS-HAN)** for all local public health department personnel to occur annually.
2. The addition of new staff or providers into the network, added in as part of their orientation to the department.

Compliance requirements

1. Provide notification to KDHE Preparedness that an update has occurred via the quarterly work plan updates, including the date of the change.
2. This activity is to be completed on or before **June 30, 2020**.

Activity 6

Local public health department staff registered on KS-HAN will respond to KS-HAN drills to ensure and demonstrate the ability to receive and action situational awareness, common operating picture information disseminated via the health alert network, and that communications equipment is appropriately receiving health alerts and situational information.

Justification

The purpose for this activity is to test the response capability of the respondents via the KS-HAN notification process. Response capabilities based on the level of response will help determine what changes will need to be made to the current system. The drills will help develop regular participation across the state and

identify possible equipment gaps among the respondent population. These drills will determine the effectiveness of the current notification system as well as the current level of participation among the respondents.

Output

1. The completion of the four (4) quarterly communications system drills via the KS-HAN.
2. The identification of local challenges and gaps impacting the use of the KS-HAN and respondent participation.

Compliance requirements

1. The administrators will provide the date of the communications drills that are completed quarterly. These updates will be part of the work plan activity update that is presented to KDHE Preparedness on the 15th of the month after the end of each quarter.
2. KDHE Preparedness will advise the local health departments on the drill performance and will share participation information with the administrators.

Activity 7

*Local public health departments will ensure that a minimum of two health department staff or surge volunteers are registered users of the **Inventory Management Tracking System (IMATS)** by working with the KDHE Preparedness MCM/SNS Coordinator to receive access. These users should also attend one of the live training webinars hosted by the KDHE Preparedness MCM/SNS Coordinator during quarters 1, 2, and 3.*

Justification

In preparation for the formal launch of IMATS, local public health departments will need to provide staff members who will be responsible for managing the local IMATS for the department. It is recommended that IMATS staff have longevity at the department and be able to train others if the need arises. The MCM/SNS Coordinator will ensure that local public health departments are notified when the IMATS webinar or recording will be available on KS-TRAIN.

Output

1. By the end of the 3rd quarter of the current budget period, a minimum of two staff members from each health department will be trained, via webinar or via the recorded webinar, on how to access and maintain the department's IMATS account.

Compliance requirements

1. Each health department administrator will need to provide the names of the staff members attending the training as part of their quarterly reporting requirements.
2. The webinar participation will need to be completed by these staff member no later than **March 30, 2020**.

Activity 8

Local public health departments will provide training and acquire resources necessary to protect public health first responders (e.g., disease investigators, those working in the POD, etc.) from hazards during

response and recovery operations. Training and resources include personal protective equipment (PPE), MCMs, workplace violence training, psychological first aid training, and other resources specific to an emergency that would protect responders and health care workers from illness or injury.

Justification

This work plan activity is designed to bring to the forefront the need to provide protection to public health first responders during hazardous situations, as well as during recovery operations after the event has been resolved. This work plan activity instructs the administrators to purchase the equipment and supplies needed to ensure the safety and health of the first responders.

Output

1. The administrator will develop and record any training and resource acquisition of the necessary resources to provide protection for public health first responders during event responses and recovery operations.
2. Administrators will need to provide a listing on budgeted protective supplies and equipment for first responders purchased throughout the budget period.

Compliance requirements

1. The administrator will provide the requested course information as outlined in the work plan activity to KDHE Preparedness as they are completed. Compliance recommends that the administrators provide that information within **10 business days** of the completion of the course. Administrators will need to provide:
 - a. Title
 - b. Description
 - c. Capabilities addressed
 - d. Staff attendance numbers
 - e. Staff types
 - f. Sign-in listing of those who participated in the training on the protective measures.
2. The administrator will provide purchasing information (purchase requests, invoices, etc.) as part of the quarterly fiscal reporting to KDHE Preparedness.

Activity 9

Local public health departments will: estimate the anticipated number of public health volunteers and health professional roles based on identified situations and resource needs; coordinate with county emergency management to identify processes to assist with volunteer coordination, including protocols to handle walk-up volunteers and others who cannot participate due to state regulations; and work with county emergency management to implement CRMCS/K-SERV for rapid credential verification processes to facilitate emergency response.

Justification

Staff members of the health department, or the combined staff of the various county agencies, cannot handle an emergency scenario alone, especially if that response effort becomes a long-term event. Therefore, there will always be a need for volunteers. With that comes the need for processes for developing a volunteer pool, for notifying volunteers of a need to mobilize, providing for volunteer health and safety during an event, and for demobilization. There are also procedures needed to train them, via either sustainment training or just-in-time training. In the past, only the basic information was needed to satisfy any of the volunteer work plan activities, but now PHEP requires formalized plans and strategies that directly support these actions.

Output

1. The local public health departments will develop strategies, based on their county emergency operations planning, to develop and maintain the processes for developing, role scopes, training, mobilizing, managing, and demobilizing volunteers in the support of an emergency event.
2. The local public health departments will collaborate with their local emergency managers to implement CRMCS/K-SERV to rapidly provide credential verification processes to streamline this portion of an emergency response.

Compliance requirements

1. The local public health departments will show validation with the local emergency management in the development of streamlining the CRMCS/K-SERV validation process and provide confirmation of completion on the work plan activity to KDHE Preparedness no later than ***June 1, 2020***.

Activity 10

Local public health departments will work to support community involvement with preparedness efforts, including building partnerships, and assessing risk. Training initiatives may include disaster epidemiology and CASPER methods, among others.

Justification

This activity is designed to further integrate the local public health departments into the community preparedness planning process by requiring them to offer training for their community partners that those partners wouldn't normally have access to. By offering these trainings, the local public health departments will help to broaden the knowledge base of their community partners.

One option available to fulfill this activity is to participate in National Preparedness Month (September 2019) via social media. The social media toolkit for this is available on the Preparedness website and includes a sample social media calendar and sample posts on a variety of preparedness-related topics. Any local public health department who posts at least twice each week on social media during September 2019 (using the hashtag #KSPrepared) can consider that social media campaign as adequate fulfillment of this activity.

Output

1. The administrator will provide reporting that outlines the department's support of community involvement with preparedness efforts.

Compliance requirements

1. The administrator will provide a mid-year and annual update outlining the health department's training efforts to support community preparedness effort.

Activity 11

*Local public health departments will assure 24/7 epidemiological contact information is kept current and is shared with **KDHE Bureau of Epidemiology & Public Health Informatics** at kdhe.epihotline@ks.gov to support the public health system having access to personnel trained to manage and monitor routine jurisdictional surveillance and epidemiological investigation systems and support surge requirements in response to threats.*

Justification

The importance of maintaining this vital number cannot be understated. The local public health departments will need to maintain current contact information with KDHE Bureau of Epidemiology and Public Health Informatics at all times.

Output

1. Each local public health department will ensure that their contact information remains current with KDHE.
2. If changes are not needed, the local public health department will provide a “*No Update*” statement to KDHE Preparedness.

Compliance requirements

1. The administrator will notify KDHE Preparedness if an update is provided to the KDHE Bureau of Epidemiology and Public Health Informatics.
2. If an update is not required, the administrator will provide a “No Update required” statement on or before June 30, 2020.

Activity 12

*Participate in at least one **annual** exercise at the local- or regional-level as defined below:*

Budget Period: BP 1 (2019-2020)

All Exercises Need to be Conducted by: May 31, 2020

Capabilities required for BP1 Exercise:

- A. Capability 2: Function 1
 - B. Capability 3: Function 3 and 4
 - C. Capability 4: Function 5
 - D. Capability 10: Function 3 (Coalition Surge Test)
- (specific tasks within the required capabilities and functions are at the discretion of the local health department)*

Other Requirements:

- A. Plans/procedures for assisting at-risk population **must** be tested in all exercises. At-risk population includes children, pregnant women, senior citizens, individuals with access and functional needs (including individuals with disabilities), and individuals with serious pre-existing behavioral health conditions.*
- B. Exercise activity should be aligned with the HSEEP process and KDEM approved HSEEP AAR/IP Template must be used. All other AAR/IP formats will not be accepted.*
- C. Exercise AAR/IPs **must be** written using the approved PHEP capabilities and not the capabilities or requirements outlined by other agencies (i.e. CMS, Emergency Management, etc.).*

AAR/IP Deadline: Are due to KDHE Preparedness within 90 days of exercise completion or no later than **June 1, 2020**. Ensure that specific exercise role/responsibilities and improvement plan tasks are outlined for your individual health department. Each capability tested must outline at least one strength and one are for improvement.

- The AAR/IP must be submitted within **60 days** from the date of the exercise to the Regional Coordinator or Subject Matter Expert for review and within **90 days** to KDHE at kdhe.preparedness@ks.gov.*
- Once reviewed, the Regional Coordinator or Subject Matter Expert will return the AAR/IP to the respective local health department for edits, if necessary. The respective local health will submit the completed AAR/IP to KDHE at kdhe.preparedness@ks.gov.*
- Serving in an observer role **does not meet** the participation requirement.*
- **PHEP and HCC local health departments must participate in a State-wide Joint Exercise in the 2019-2020 budget period, tentatively scheduled for May 2020.***
- Real events may be submitted for exercise credit towards the required capabilities for the budget period. The submitted AAR/IP must be approved by the KDHE Exercise Coordinator for credit to be awarded.*
- One exercise or a combination of multiple exercises may be submitted by the due date to meet all of the outlined capability requirements.*

Justification

The purpose of this activity is to test the agency's current capabilities with the intent to stress them to the point that one can identify crucial gaps. This information can be used to update or change operating plans accordingly. The 15 PHEP capabilities will be tested in some manner during the statewide full-scale exercise. The statewide exercise plan is in the development stage at the time of this writing. Once available, documents related to executing the exercise will be supplied to each local health department. For all other exercises, KDHE will provide an updated AAR/IP template to the local health departments that is intended to assist with recording more accurate data and meeting work plan requirements.

It should be noted that the local public health departments can still participate in other exercises if they wish. As a reminder, all additional exercises need to be submitted using the revised AAR/IP format and written using the appropriate PHEP capabilities. Additional information will be provided by KDHE as it becomes available.

Output

- 1.** Each local health department will participate in the statewide exercise during this budget period.
- 2.** Each administrator will submit an AAR/IP to KDHE, for all exercises, within the appropriate time frame.

Compliance requirements

1. All local public health departments participating in the PHEP Cooperative Agreement will participate in the statewide full-scale exercise that is tentatively scheduled for May 2020. This exercise is mandatory, and all other exercises carried out during the budget period will be recorded as “*additional exercises*”.
2. For the statewide exercise, all public health departments will complete the KDHE-provided AAR and complete the Improvement Plan exclusive to their department’s gaps and corrective steps needed. All public health departments will have *15 business days* after the date of the exercise to submit their AAR/IP and any other related documentation to KDHE Preparedness.
3. For any other exercises completed, the local health department will submit an accurate and complete AAR/IP that is specific to their department’s experience in the exercise, which lists at-risk populations accommodated in the exercise and clearly identifies gaps and improvement plans.

Activity 13

Local public health departments will ensure that priority communication services are available in an emergency, including maintaining an always-on-high-speed internet connection; phone; cell phone; and email services are available to health department preparedness personnel.

Justification

As a requirement for several of the capabilities, priority communications are a must-have. Drills will be conducted testing these platforms throughout the budget period. It is recommended that the local public health departments have more than one communications platform - a primary platform and a secondary platform. It is also recommended that these platforms are frequently tested.

Output

1. The administrator will provide KDHE confirmation of priority communication services.
2. The administrator will notify KDHE Preparedness if there is a status change in the local public health department’s communications capabilities.

Compliance requirements

1. The administrator will complete and then provide a *Statement of Attestment* signifying that these systems are being maintained at the department.
2. Statements of Attestment are due to KDHE Preparedness on or before *June 1, 2020*.

Activity 14

Local public health departments will maintain a website where information can be posted and accessed by members of the public to promote the public’s awareness of local public health department preparedness activities and actions that they can take to improve their preparedness.

Justification

This work plan activity works in concert with *Work Plan Activity 13*. As with the last budget period, KDHE Preparedness will also accept social media (i.e. Facebook, Instagram, Twitter, etc.) as a “website.” KDHE Preparedness Compliance understands that many departments have web pages that are part of the local county’s website. Because of this, getting changes to these web pages can be difficult. It is understood that most

of the information provided on a department's webpage tends to be static (hours of business, fixed schedules, permanent points of contact, etc.). However, Facebook and Twitter tend to be used to deliver changes to schedules, special events, and other seasonal or time-sensitive information to the public. Social media also allows for the public to interact with the department.

Output

1. The local public health department will maintain a web page that provides information to the public at large.
2. Additionally, the department may also provide a social media account as a primary website or as a supplement to the web page.

Compliance requirements

1. KDHE Compliance will review the presence of a department web page and/or social media account annually via a Google web search.
2. KDHE Compliance will review the web page to determine if the page is active and has basic contact information. The social media account will be reviewed for activity.

Activity 15

Local public health departments will assure that annual fit testing for PPE (or PAPR annual training) for local health department staff is completed in compliance with the revised OSHA respiratory protection standard, 29 CFR 1910.134, adopted April 8, 1998.

Justification

This work plan activity is geared to cover two separate requirements. First, the N95 series masks are required under OSHA to be fit tested annually. This is to ensure that the mask size still fits, as a face can change from year to year. Secondly, this is continued training required under the work plan on donning and doffing this mask type.

In the case of the PAPR type masks, where sizing is limited to small, medium, and large (and maybe extra-large), training is designed to re-enforce the initial training each staff member has had on how to don and doff this PPE type. This is due to the positive air pressure providing the filtering function of the N95 type masks.

This work plan activity will satisfy the work plan requirement and the OSHA requirement.

Output

1. Each local public health department will complete fit testing or PAPR training (if applicable) during the budget period.

Compliance requirements

1. The administrator will provide confirmation that testing (or training) was complete by providing confirmation that testing (or training) has been completed on or before ***June 30, 2020***. This can be in the form of a ***Statement of Attestment***, copies of the fit testing, or sign-in listings of the training.

Activity 16

*Local public health departments will assure that appropriate staff members take or renew packaging and shipping certification class, available on KS-TRAIN, every two years [**Packaging and Shipping Division 6.2 Materials 2016, Course #1075969 & KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures, Course #1050287**].*

Justification

This work plan activity remains an annual requirement for the local public health departments to remain current on the packaging and shipping requirements that may or may not have been changed for the current budget period.

Output

1. Local public health departments will provide the dates and names of staff members who have completed the packaging and shipping requirements during the budget period.

Compliance requirements

1. The administrator will provide a listing of names and completion dates to KDHE Preparedness by **June 30, 2020**.

Activity 17

*Local public health departments must annually review and submit any changes or updates to the Mass Dispensing SOG. If no updates are warranted, submit a “**No Update**” letter to KDHE.*

Justification

Like other plans, the Mass Dispensing SOG requires periodic updates and changes, a gaps and challenges can become apparent. Persons of responsibility can change during a budget period, requiring changes in the points of contact and subsequent position tasks. However, there will be times when changes are not needed or apparent.

Output

1. The administrator will provide a **Statement of Change** outlining what was changed and the date of the change. If the change is **greater than 25%**, the administrator will provide an updated Mass Dispensing SOG.
2. If no update was required, then a “**No Update**” letter on department letterhead is acceptable, stating that the plan had been reviewed and was current.

Compliance requirements

1. The administrator will provide KDHE Preparedness one of the following three options before **June 30, 2020**:

2. If changes are minimal (*less than 25%*) or limited to personnel changes or points of contact, a Statement of Change will be submitted. Statements of Change will include the following:
 - a. Page number of the changed section;
 - b. What the section was prior to the change;
 - c. What the change is; and
 - d. The date of the change.
3. If changes are *greater than 25%*, then a complete copy of the revised SOG shall be submitted.
4. If there are no changes to provide, then a “*No Update*” statement is required.

Activity 18

Local public health departments must annually review and submit any changes or updates to the Health Department COOP SOG. If no updates are warranted, submit a “No Update” letter to KDHE.

Justification

Like the Mass Dispensing SOG, the COOP SOG requires periodic updates and changes. As they are exercised, gaps and challenges can become apparent. Persons of responsibility can change during a budget period, requiring changes in the points of contact and subsequent position tasks. However, there will be times when changes are not needed or apparent.

Output

1. The administrator will provide a *Statement of Change* outlining what was changed and the date of the change. If the change is greater than 25%, the administrator will provide an updated COOP SOG.
2. If no update was required, then a “*No Update*” letter on department letterhead is acceptable, stating that the plan had been reviewed and was current.

Compliance requirements

1. The administrator will provide KDHE Preparedness one of the following three options before *June 30, 2020*:
2. If changes are minimal (*less than 25%*) or limited to personnel changes or points of contact, a Statement of Change will be submitted. Statements of Change will include the following:
 - a. Page number of the changed section;
 - b. The date of the change;
 - c. What the section was prior to the change; and
 - d. What the change is.
3. If changes are *greater than 25%*, then a complete copy of the revised SOG shall be submitted.
4. If there are no changes to provide, then a “*No Update*” statement is required.

Activity 19

*Local public health departments must update Point of Dispensing (POD) location(s) and other relevant POD information into **Inventory Management and Tracking System (IMATS)** by **March 30, 2020**.*

Justification

Like the previous SOGs, the POD Locations requires periodic updates and changes. As they are exercised, gaps and challenges can become apparent. Location requirements can change during a budget period, requiring changes in the points of contact and subsequent position tasks. All changes will also need to be updated in IMATS. However, there will be times when changes are not needed or apparent.

Output

1. The administrator will provide a ***Statement of Change*** outlining what was changed and the date of the change. If the changes is ***greater than 25%***, the administrator will provide an updated POD Location listing.
2. The administrator will also ensure that the location information is also updated in IMATS.
3. If no update was required, then a “***No Update***” letter on department letter head stating that the plan had been reviewed and was current.

Compliance requirements

1. The administrator will provide KDHE Preparedness one of the following three options before ***June 30, 2020***:
2. If changes are minimal (***less than 25%***) or limited to personnel changes or points of contact, a Statement of Change will be submitted. Statements of Change will include the following:
 - a. Page number of the changed section;
 - b. What the section was prior to the change;
 - c. What the change is; and
 - d. The date of the change.
3. If changes are ***greater than 25%***, then a complete copy of the revised document shall be submitted.
4. Any changes will also need to be made in IMATS before the end of the budget period.
5. If there are no changes to provide, then a “***No Update***” statement is required.

Annual Administrative Requirements

- A. Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to preparedness.
- B. Retain copies or transcripts of all certificates/proof of attendance for trainings completed during the entire project period for at ***least 5 years***.
- C. Have available signed shared resource agreements.
- D. Items purchased with Preparedness funds (non-office supplies) must be entered into CRMCS. The information entered ***has to include*** the location of the item and who the responsible contact person is for deployment.
- E. Local public health departments will provide to KDHE Preparedness information pertaining to the Performance Measures, Benchmark Requirements and/or any other requested information as related to

the BPI Hospital Preparedness Program-Public Health Emergency Preparedness Cooperative Agreement.

- F. Retain copies of expenditure reports, including invoices for each capital equipment purchase for a period of at least five years. Capital equipment includes purchases of \$5,000 and above and/or with a lifespan of greater than a year.*

Justification

These work plan activities represent the revised versions of the annual “housekeeping” requirements seen every budget period.

Output

1. The administrator will provide validation that each annual requirement is completed by the end of the budget period.

Compliance requirements

- A. The administrator will provide confirmation of job descriptions and employee time/attendance records for those staff members paid with preparedness funds.
- B. The administrator will validate that all certifications are presently on file and will remain so for the next 5 years.
- C. The administrator will validate that the department’s shared resource agreements were reviewed and updated for the current budget period.
- D. The administrator will validate that all items purchased with Preparedness funding, except office items, are entered CRMCS. The update should include the location of all items and ensure that the contact information is current.
- E. The administrator will provide any information that is related to the Preparedness Cooperative Agreement if it is requested by KDHE Preparedness. In the event additional information is not requested, then this work plan activity can be left blank.
- F. The administrator will ensure that all expenditure reports include the invoices of any capital equipment purchases for at least 5 years. Capital equipment is defined as any piece of equipment that is \$5000 or more and/or has a lifespan of greater than one year.

3. Summary

This document will provide the administrators and/or PHEP Coordinators of the local public health departments the information needed to be successful during this budget period. Communication is key to any successful venture, and this guidance document has provided guidance on the necessary information required to be compliant with the new budget period work plan activities.

Keys points to remember are:

1. **Time management**- A majority of the work plan activities have due dates that are required by the federal project officers. Missing a deadline could result in punitive action being levied against the local public health department.
2. **Document retention**- All documents that are generated as part of the completion of these work plan activities are to be legitimate outcomes that can be requested for review or audit. It is important that these documents be maintained either in a hard copy or digital form for no less than **5 years**, so they can be called upon to show compliance if needed.
3. **Work plan instructions**- There is an increased burden of validation on KDHE Preparedness to ensure that the Cooperative Agreement funds are being spent to further preparedness. Because of this, instructions need to be carried out as outlined in the work plan and in this document.
4. **Communication**- Local health department administrators are encouraged to contact their coordinator or KDHE Preparedness if they need clarification on an activity or an answer regarding procedure. The Preparedness staff can't answer a question if it is not asked, nor can they guess at what the questions might be. All questions are welcome and will be answered accordingly. If there is a question that can't be answered by KDHE Preparedness, the field project officer will be queried.

As always, KDHE Preparedness stands ready to assist our local public health departments and outside agency stakeholders in understanding and interpreting the budget period requirements and the work plan activities.

The 2019-2020 KDHE Preparedness Team

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Table 5

Appendix A

Guidance Document Glossary

Affidavit of Expenditure (AOE) - a template that indicates the partner's intention to spend grant funds and in what manner. These are usually followed up on with invoices to prove that the monies were spent.

Recipient or Pass-Through Entity – the eligible entity (in this case KDHE) that carries out an approved project or activity in support of a public purpose, and not the direct benefit of the government. KDHE manages oversight on this Cooperative Agreement, as well as provides direction and monitors progress of the activity in its entirety.

Budget Period (BP) - a 1-year period that goes from 1 July to 30 June. Five budget periods typically make up one project period.

Centers for Disease Control and Prevention (CDC) – the managing federal agency for the Public Health Emergency Preparedness Program (PHEP), which is part of the Cooperative Agreement.

Compliance - an evaluation that assess an institution's business and financial management systems to ensure that established regulations and policies are being followed by either the institution or its external partners.

Compliance is also the term used to describe KDHE's Preparedness Program's Preparedness Cooperative Agreement Compliance Program and or the Compliance Coordinator.

Compliance in Real Time (CRT) – a real-time monitoring feature of the *Preparedness Cooperative Agreement Compliance Program (PCACP)*, which allows for quarterly reviews of work plan activity progress or review of work plan activities that have a deadline requirement, as defined by the work plan activity and the FOA.

Compliance Audit- an audit of the Administrator's adherence to the programmatic requirements of the work plan and fiscal accountability, as defined by the HPP and PHEP Cooperative Agreement. Audits are conducted quarterly to determine that required programmatic progress is being met with due diligence. The audit can be used as a wide-reaching overview of the Administrator's programmatic and fiscal accountability, or a focused audit that can determine trending for either part of the state or for a certain work plan activity over a work period.

Cooperative Agreement - an agreement in which the federal government provides funding, or a thing of value authorized by public statute and the government plays a substantial role. A cooperative agreement is a form of assistance. It reflects a relationship between the U.S. government and a recipient.

Department of Homeland Security (DHS) - a federal agency designed to protect the United States against threats. Its wide-ranging duties include aviation security, border control, emergency response and cybersecurity.

Department of Health and Human Services (HHS)- a cabinet-level agency in the executive branch of the federal government. Its mission is to enhance and protect the well-being of all Americans by providing effective health and human services and fostering advances in medicine, public health and social services. This department has jurisdiction over public health, welfare, and civil rights issues and is the highest-level U.S. government body with such jurisdiction.

External Partners- any entity that accepts federal funding under the HPP and PHEP Cooperative Agreement and is charged with preparedness for a Health Care Coalition organization, local public health department, or public health region. These entities will be referred to as administrators.

Federal Emergency Management Administration (FEMA) - an agency of the United States *Department of Homeland Security*, initially created by *Presidential Reorganization Plan No. 3* of 1978 and implemented by two Executive Orders on April 1, 1979. The agency's primary purpose is to coordinate the response to a disaster that has occurred in the United States and that overwhelms the resources of local and state authorities.

Finding(s) - an identified or observed shortcoming or oversight in fulfilling the requirements of a task, directive, stipulation, policy, or procedure. Findings can either be identified by the administrator as a method of acknowledging (see *gap*) an existing problem or can be discovered by Compliance during the audit process.

Funding Opportunity Announcement (FOA) - a notice in *Grants.gov* of a federal grant funding opportunity. Also known as a ***Notice of Funding Opportunity Announcement*** or ***NoFO***.

Gap - a difference, especially an undesirable one, between two views or situations. Gaps represent challenges to preparedness. Some gap examples are: a lack of manpower, financial shortfalls, time constraints, work priorities, and differing interpretations of available information. The creation of or change to policies and procedures are ways to overcome gaps.

Hospital Preparedness Program (HPP) - a program that provides leadership and funding through grants and cooperative agreements to states, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. It also represents the preparedness effort that is conducted at the community hospital level and at the level of a larger healthcare community or coalition.

Homeland Security Exercise and Evaluation Program (HSEEP) - provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. HSEEP exercise and evaluation doctrine is flexible, adaptable, and is for use by stakeholders across the whole community and is applicable for exercises across all mission areas – prevention, protection, mitigation, response, and recovery.

Kansas Department of Health and Environment (KDHE) – the Kansas agency that is the designated pass-through agency for the Cooperative Agreement. KDHE, as the awardee, is charged with executing and managing the requirements of the Cooperative Agreement for the state’s administrators.

Kansas Division of Emergency Management (KDEM) – a division of the Kansas Adjutant General’s office charged with managing disasters within the state. This emergency management entity is defined by state statute as the lead agency in disaster response and recovery.

Notice of Award (NoA) - the legal document issued to notify the grantee that an award has been made and that funds may be requested from the designated HHS payment system or office. The NoA is issued for the initial budget period and each subsequent budget period in the approved project period.

Notice of Funding Opportunity (NoFO) - a notice in Grants.gov of a federal grant funding opportunity. Also known as a ***Funding Opportunity Announcement*** or ***FOA***.

Office of the Assistant Secretary for Preparedness and Response (ASPR) – the lead for the nation’s medical and public health preparedness for, response to, and recovery from disasters and public health emergencies. ASPR collaborates with hospitals, health care coalitions, biotech firms, community members, state, local, tribal, and territorial governments, and other partners across the country to improve readiness and response capabilities.

Preparedness Cooperative Agreement Compliance Program (PCACP) - the evolution of the program formerly known as the *Grants Compliance Review Program* or GCRP. The name change reflects the shift of the preparedness funding being referred to as a “*cooperative agreement*” rather than a “*grant*.” The designation change also marks the changes implemented for the new project period, with the focus now being on programmatic requirements being spread across the budget period rather than at the end of the budget period. ***CRT*** is the active part of PCACP.

Project Period (PP) - typically a five-year period of work plan covered by the requirements of a single FOA.

Public Health Emergency Preparedness Program (PHEP) - funding that helps health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP Cooperative Agreement are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable.

Recipient or Pass-Through Entity – the eligible entity (in this case KDHE) that carries out an approved project or activity in support of a public purpose and not the direct benefit of the government. KDHE manages oversight on this Cooperative Agreement, as well as provides direction and monitors progress of the activity in its entirety.

Sub-awardee – non-federal entities that expend federal awards received from a pass-through entity to carry out a federal program but does not include an individual that is a beneficiary of such a program. These are usually the organization’s administrator or coordinator.

Training - an organized activity aimed at imparting information and/or instructions to improve the recipient's performance or to help him or her attain a required level of knowledge or skill.

Work Period - see **Budget Period**.

Work Plan - is an outline of a set of goals and processes by which a team, organization, and/or person can accomplish those goals and offering a better understanding of the scope of the project.

Work Plan Activity – the objectives of the work plan. They are comprised of one or more tasks that need to be completed to complete the activity.

Appendix B

References and Resources

From KDHE

The Kansas Department of Health and Environment
<http://www.kdheks.gov/>

KDHE Preparedness
<http://www.KSPrepared.org>

KDHE Preparedness: Exercise Library
<http://www.kdhe-exercises.org/ExerciseLibrary.htm>

KS-HAN: Everbridge Log on
<https://manager.everbridge.net/login>

KS-TRAIN
<https://www.train.org/ks/home>

CRMCS Home page
<http://kansas.responders.us/>

KGMS
<https://khap2.kdhe.state.ks.us/KGMS/Default.aspx>

From the Federal Partners

CDC-RFA-TP19-1901
Public Health Emergency Preparedness (PHEP) Cooperative Agreement
<https://www.grants.gov/web/grants/view-opportunity.html?oppId=310318>

Office of the Assistant Secretary for Preparedness and Response (ASPR)

<https://www.phe.gov/about/aspr/pages/default.aspx>

ASPR-TRACIE (Technical Resources Assistance Center Information Exchange)

<https://asprtracie.hhs.gov/>

The Centers for Disease Control and Prevention

<https://www.cdc.gov>

2019-2020 PHEP Cooperative Agreement CDC-RFA-TP19-1901(PDF) and additional supporting documentation

<https://www.cdc.gov/cpr/readiness/phep.htm>

“This publication was supported by the Grant or Cooperative Agreement Number, NU90TP922049, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health an